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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Docket Number (Optional)  
HO-P02216US0

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Application Number 09/869,554-Conf. #4792

Filed December 23, 1999

For METHOD FOR SEQUENCING DNA USING A MICROFLUIDIC DEVICE

Art Unit 1634

Examiner S. A. Sakelaris

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 120.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to  
Deposit Account Number 06-2375 . I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.


☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number \_\_\_\_\_

☒ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34	45,872
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Registration number if acting under 37 CFR 1.34



Signature

November 7, 2005

Date \_\_\_\_\_

Melissa W. Acosta, Ph.D.

(713) 651-5407

Typed or printed name

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of **1** forms are submitted.

11/09/2005 DTESSEM1 00000070 062375 09869554

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